

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599,980

FILING DATE

10-16-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1 -				
3		1 -				
4		1 -				
5		1 -				
6		1 -				
7		1 -				
8		1 -				
9		1 -				
10		1 -				
11		2				
12		2				
13		1 -				
14		1 -				
15		1 -				
16		1 -				
17		1 -				
18		1 -				
19		1 -				
20		1 -				
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23			1			
24				1 -		
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36				1 -		
37				1 -		
38				1 -		
39				2		
40				2		
41				1 -		
42				1 -		
43				1 -		
44				1 -		
45				1 -		
46				1 -		
47				1 -		
48				1 -		
49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	23	←	27	←		←
TOTAL CLAIMS	24		28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						